

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/890147

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1						51	
2	1					52	
3		1				53	
4	3					54	
5	0					55	
6	0					56	
7	0					57	
8	0					58	
9	0					59	
10	1					60	
11	1					61	
12	0					62	
13	0					63	
14	0					64	
15	0					65	
16	0					66	
17	0					67	
18	0					68	
19	0					69	
20	0					70	
21	0					71	
22	0					72	
23	0					73	
24	0					74	
25	0					75	
26	0					76	
27	0					77	
28	0					78	
29	0					79	
30	0					80	
31	0					81	
32	0					82	
33	0					83	
34	0					84	
35	0					85	
36	0					86	
37	0					87	
38	0					88	
39	0					89	
40	0					90	
41	0					91	
42	0					92	
43	0					93	
44	0					94	
45	0					95	
46	0					96	
47	0					97	
48	0					98	
49	0					99	
50	0					100	
TAL	2					TOTAL IND.	
TAL	2					TOTAL DEP.	
FALSE LINES	0					TOTAL CLAIMS	
3-1360 (2-78)							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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